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2005 MAY -4 A 10: 06

DEBRA P. HACKETT, CLK  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

**V.**

2:05CV416-F

Plaintiff(s) David Wayne Oates

n. Don. Cal

**Plaintiff(s) signature**

## UNITED STATES DISTRICT COURT RECEIVED

District of

2005 MAY -4 A 10:06

Plaintiff

V.

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

Defendant

I, David Wayne Oates declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Coosa County Jail

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 11-11-05, \$450.00/WK,

Continental Eagle Gin Shop Hill Rd, Prattville, Alabama 36067

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

DATE	EXPLANATION	DEPOSIT +	EXPENSE -	DOCTOR-Rx	OTHER	BALANCE +
04				- RECEIVED		
11 20	Dep 8411	21.10				21.60
11 23	STORE		4.60		2005 MAY -4 A 10 06	16.40
12 07	STORE		16.10			30
12 11	Dep 8475	7.00				930
12 16	STORE		4.75			255
12 21	STORE		255			0
1 8	8574	10.00				10.00
01 17	STORE		9.84			16
01 20	Dep #8604	60.00				60.16
1 28	STORE		27.80			32.36
2 5	STORE		21.60			1076
2 14	Ref @ 3077					1076

Prepared By \_\_\_\_\_  
Approved By \_\_\_\_\_

O WILSON JONES

67303 COLUMBIA, MO

*Carla David*

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

05  
3 v8 Booked In  
3 v7 DTC

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